The Utah Interpreter Program presents the
Interpreter Certification Advancement Network ICAN

State of Utah
Division of Services to the Deaf and Hard of Hearing

Participant Application

Application Instructions: *Applicants must submit both the written form below and a labeled VHS video as outlined following. This 2-part application must be received or postmarked no later than* **February 17, 2006** *.*

Written Segment

Name:	
Address:	
City:	
State:	
ZIP:	
Phone:	
Alternate Phone:	
Email:	

Please respond to the following questions.

1. What is your current certification level?
2. Have you previously attempted other state or national certification tests? If so, what tests?
3. List the settings in which you have interpreted. What genre of interpreting are you currently working in?
4. How many hours do you typically interpret each week.

Please submit a signed (not spoken) presentation addressing each of the following topics. This segment must be filmed and submitted in a VHS format. Please label the video with your name. Other video formats will not be accepted. Videos will not be returned to the applicant.

1. Your intent and commitment to participate in the ICAN program
2. Your career goals as an interpreter in Utah
3. Your involvement in skill building activities, professional development, and/or mentoring
4. Your language/interpreting strengths and weaknesses
5. Why this program is right for you

Validation of Intent

☐ By checking this box, I am indicating my intent to complete the 10-month program, including participating fully in all classes, written or on-line correspondence and other activities as outlined throughout the program.

Signature & Date

Please submit the 2-part application to:
ICAN - Utah Interpreter Program
Sanderson Center of the Deaf and Hard of Hearing
5709 South 1500 West
Taylorsville, UT 84123

Office Use Only

Application received:
Certification verified:
Application reviewed:
Responded to applicant: